

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000398

FILED
Apr 22, 2004
Secretary of State**Entity Name:** SOUTH COUNTY PEOPLE FOR LIFE, INC.**Current Principal Place of Business:**642 N AUBURN RD
VENICE, FL 34292**New Principal Place of Business:****Current Mailing Address:**642 N AUBURN RD
VENICE, FL 34292**New Mailing Address:****FEI Number:** 65-0810978**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THOMAS, PAUL
304 OAKWOOD DR S
ENGLEWOOD, FL 34223 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** D () Delete
Name: DOLBY, DWIGHT L
Address: 642 N. AUBURN ROAD
City-St-Zip: VENICE, FL 34292**Title:** D () Delete
Name: THOMAS, CAROLYN
Address: 304 OAKWOOD DR S.
City-St-Zip: ENGLEWOOD, FL 34223**Title:** T () Delete
Name: CHAPLIN, JENNIFER
Address: 1508 HIGHLAND ST.
City-St-Zip: NOKOMIS, FL 34275**Title:** P () Delete
Name: THOMAS, PAUL
Address: 304 OAKWOOD DR S
City-St-Zip: ENGLEWOOD, FL 34223**Title:** VPD () Delete
Name: HIGHT, HARRY
Address: 15447 GREENWOOD AV
City-St-Zip: PORT CHARLOTTE, FL 33981**Title:** S () Delete
Name: WOLF, BRIAN
Address: 201 SILVER SPRAY LN., APT. G
City-St-Zip: NOKOMIS, FL 34275**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** P/D (X) Change () Addition
Name: FERREIRA, JOSEPH
Address: 1325 POPLAR AVE.
City-St-Zip: VENICE, FL 34292**Title:** VP/D (X) Change () Addition
Name: THOMAS, PAUL
Address: 304 OAKWOOD DR. S.
City-St-Zip: ENGLEWOOD, FL 34223**Title:** S (X) Change () Addition
Name: O'DONNELL, BARBARA
Address: 1680 THOMAS ST.
City-St-Zip: ENGLEWOOD, FL 34223

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER CHAPLIN

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04/22/2004

Electronic Signature of Signing Officer or Director_____
Date